

Revised 06/05

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 DEC 29 PM 12:25

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319

Fax: (515)281-3707 4023
www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

For office use only

Indexed _____

Audited Fax 12-29-09

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School

Name of Department or Office
3211 Edgington Ave.

Eldora, IA, 50527

Mailing Address
641-858-3402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit

Name

3211 Edgington Ave.

Eldora, IA, 50527

Mailing Address (if different from above)

City, State, Zip (if different from above)

mdagit@ihs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion

Name

604 Front St

Fairbank, Ia 50629

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/21/09

\$ 50.00

Date of Gift, Bequest, or Grant

Amount/Value

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

X-mas fund for students

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

December 29, 2009

Date

Revised 06/05

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 DEC 29 PM 12:25

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

FORM-GBG

Gift, Bequest, or Grant information
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of the state

For office use only

Indexed _____
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Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion	
Name	Dows, Ia 50071
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/21/09	\$ 50.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

X-mas fund for students

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

December 29, 2009

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

2009 DEC 30 AM 10:08



FORM-GBG

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

For office use only

Indexed _____

Audited For 12-8-09

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@des.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

St John's United Methodist Church	
Name	
PO Box 376	Radcliffe, Ia 50230
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11-8-09	\$ 25.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Christmas

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

December 8, 2009

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

2009 DEC 30 AM 10:08



FORM-GBG

Gift, Bequest, or Grant Information
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For office use only

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Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Daght	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdaght@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Grundy Co REC	
Name 102 E G Avenue	Eldora, Iowa 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/12/09	\$ 20.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof.

REC donated 2 used telephone poles @ \$10.00 each plus labor

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Daght affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Millie Daght
Signature

9-13-09
Date

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
Revised 06/05

2009 DEC 30 AM 10:09

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Wally & Barb Chrisman	
Name	
1814 11th Street	Eldora, Iowa 50627
Mailing Address	City, State, Zip Code
641-858-5098	
Area Code & Telephone Number	
Email Address (optional)	

8/24/09	\$ 40.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof: Donation to student phone to use for students. This money was a donation the insisted on making for students cleaning up after storm damage
Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Millie Dagit
Signature

8-24-09
Date

2009 DEC 30 AM 10:09

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

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FORM-GBG

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-528-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@dbb.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Patricia Magnuson	
Name 1405 17th Avenue	Eldora, Iowa 50627-2347
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/25/2009	\$ 100.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof.

Donation for hail cleanup-to be used for students

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

2009 DEC 30 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics



FORM-GBG

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-338-3402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary	
Name 720 Lyon Street	Des Moines, Iowa 50309
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/24/09	\$ 40.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Donation to christmas fund

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

8-24-09

IOWA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
Revised 09/03
2009 DEC 30 AM 10:09

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics



FORM-GBG

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School

Name of Department or Office
3211 Edgington Ave.

Idora, IA, 50627

Mailing Address
641-858-4402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit

Name

3211 Edgington Ave.

Idora, IA, 50627

Mailing Address (if different from above)

City, State, Zip (if different from above)

mdagit@dhs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Diane Knepp A Stitch Above the Rest

Name

15 South 1st Street

Fort Dodge, Iowa 50501

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

8/25/2009

\$ 100.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof.

Donation to religious activities fun, using for musical material

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Millie Dagit
Signature

9-11-09
Date

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
Revised 06/05
2009 DEC 30 AM 10:10

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant information
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accepted by the Governor on behalf
of the state

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Indexed _____
Audited FOX 12.3.09
Checked _____
Computer _____

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Aux	
Name 720 Lyon Street	Des Moines, Ia 50309
Mailing Address	City, State, Zip Code
Area Code & Telephone Number 515-282-7987	
Email Address (optional)	

11/19/2009	\$ 125.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof.

X-MAS

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

12/3/2009

Date

Revised 06/05

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4701 4073

www.iowa.gov/ethics

2009 DEC 30 AM 11:41



FORM-GBG

Gift, Bequest, or Grant information
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of the state

For office use only

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@das.smta.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

James & Betty Key	
Name 409 Oak Avenue	Eldora, Iowa 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

\$	
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Donation to religious activities fund for chaplain use.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

12/30/09

Signature

Date

* * * Communication Result Report (Dec. 29. 2009 11:59AM) * * *

23

Date/Time: Dec. 29. 2009 11:38AM

File	No. Mode	Destination	Pg(s)	Result	Page Not Sent
0541	Memory TX	916415152814073	P. 1	E-2) 2) 2) 2) 2)	P. 1

Reason for error

E. 1) Hang up or line fail
E. 2) No answer
E. 3) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection

Report 0541

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
610 EAST 12TH SUITE 1A
DES MOINES, IA 50319
Fax: (515) 281-0701
www.iowaelections.gov

FORM-086
OK, Request or Grant Information
provided by a department or
agency by the Governor at point
of the table

Transmittal Date
Invoice _____
Amount _____
Checked _____
Comment _____

Under Code section 8.7 requiring all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor or listed on the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 30 days of receipt of the gift, bequest, or grant.

DISBURSEMENT OR OFFICE RESERVING THE GIFT, BEQUEST, OR GRANT

State Treasurer's Report
Name of Department or Office _____
Full Name of Recipient _____
Address _____
City, State, Zip Code _____
Area Code & Telephone Number _____

CONTACT PERSON FOR RECEIPT DEPARTMENT OR OFFICE

MAIL Data
Name _____
Address _____
City, State, Zip Code _____
Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT, BEQUEST, OR GRANT

Volunteer
Name _____
Address _____
City, State, Zip Code _____
Area Code & Telephone Number _____

12/19/09 \$ 100.00
Date of Gift, Bequest, or Grant _____
Amount of Gift _____
*Value is defined as "fair market value" or item as determined by qualified appraiser or estate. If no value can be determined.

Provide a description of the gift, bequest, or grant and please include:

X- Please list the description of the gift.

Comments by the donor:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor or listed on the state.

Statement of Affirmation:

I, Mike Dugli, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and ownership of the fair market value of the gift is applicable to correct and true to the best of my knowledge.

Signature: [Signature] Date: 12/29/2009

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 DEC 30 AM 11:58